

## THE DYNAMICS OF MENTAL RETARDATION \*

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Perhaps I can best introduce this discussion of the dynamics of mental retardation with some personal reminiscences. It is now 28 years ago that I first began to work in an institution for the mentally retarded, at Letchworth Village in New York, at that time one of the most distinguished of the institutions for the retarded in the U.S.A. - distinguished particularly because it had a large and well staffed research department. Whenever I get somewhat discouraged these days with the slow progress we are making in our work, I merely need to think back to 1938, and the tremendous change that has occurred quickly restores my optimism.

In those days, there were dormitories crowded with 100 and more people, so-called day rooms where people were literally stored away, sitting on benches which lined the walls, and the whole atmosphere was depressed and lifeless. Those who were sent to the institution in general were expected to remain there for their lifetime, indeed, one should rather say, were confined for their lifetime as virtual prisoners. I had worked previously in a State institution for delinquent boys barely 30 km. away. Although some of these boys had been involved in repeated acts of serious theft and violence, they were housed in pleasant modern "cottage" buildings which had much smaller dormitories and quite a number of single rooms. This institution offered better clothes, better food, better medical attention, more and better trained social workers, etc., etc., than were provided by the State in the institution for the retarded. And some of you, I am quite sure, will hardly believe it when I tell you that in the building for the most severely retarded there were patients lying on the floor, in boxes filled with sawdust, which was then the method of dealing with "untidy" patients. These personal reminiscences illustrate how mental retardation was then viewed as a static, unchanging, hopeless condition, which required segregation and internment.

### The Spectre of Heredity

As those of you know who have read about the history of mental retardation, there have been, of course, not just in this century but also in the preceding one, some brilliant thinkers and gifted practitioners who envisioned the potentials of treatment and training for the mentally retarded. But over and over again, their progressive practices, never widely accepted, came into disuse. The prevailing idea was once retarded, and that hardly provided a basis for a program aimed at rehabilitation.

It needs to be stressed here that this was not just the prevailing popular notion, but it was held likewise by the over-whelming majority of the scientific community. Dr. Terman, the famous psychologist whose adaptation of the original Binet intelligence test gained international acceptance, described the mentally retarded in this fashion in 1916, "they will

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make a little progress in a well managed special class, but with the approach of adolescence at the latest, the State should take them into custodial care for its own protection". Please not that this was to be for the protection of the State, not of the mentally retarded. Dr. Terman believed that mental retardation was directly inherited, and that mental deficiency and moral deficiency were one and the same thing. He had a unitary concept of intelligence which led him to propound that if somebody was retarded he was retarded in each and every area of human functioning. With such views set forth by Dr. Terman and other leading psychologists, we can readily understand why little effort was made to try to improve the performance of the mentally retarded. The tragic point about this concept was that because of these views there was no incentive to work creatively with the retarded, and the field became stagnant, at a time when in other aspects of human welfare tremendous progress was being made. As far as research is concerned, the effect of this static viewpoint can be felt keenly even today - with some few notable exceptions, research in mental retardation still has a very low rating in the academic world.

Let me say here, that, of course, with regard to the treatment of the mentally retarded, there were striking differences between countries. In Denmark, for instance, as in the other Scandinavian countries, conditions in the institutions for the retarded never reached that low level of truly sub-human existence one could observe in institutions in the United States and some other countries. That was not so much due to the fact that you had a different scientific orientation, but because your country has had a long, tradition of assuring every citizen consideration of his basic human needs.

#### The Change from a Static to a Dynamic View

It is interesting to speculate what has brought about the change from the old static viewpoint towards mental retardation, but this development has been too recent to allow for an objective, detached view. We just do not know how much of the change has been due to original scientific research, how much was the result of an accumulation of evidence gained increasingly from actual experience with the performance of mentally retarded individuals, and in what way all this has been the outcome of a new interest in human behavior in all its forms that has characterized the years following World War II. Nor can we say to what extent the spontaneous appearance of associations of parents of mentally retarded children is related to the post-war interest in human behavior, and how far we can ascribe to the driving power of these associations of parents not just a new concept of service for the retarded, but also a new interest in research.

One point is certain: today we have replaced the old static viewpoint toward mental retardation with a dynamic orientation that looks upon mental retardation not as a single entity, but rather as a complex problem resulting from many causes and allowing for many forms of intervention, and indeed prevention.

It is very evident that we have only begun to probe the possibilities of prevention. Progress here is slow but significant, not only in terms of the human misery that can be forestalled, but also in terms of savings of public expenditure. Similarly, our efforts at intervention or amelioration are obviously in an early stage. Every month brings us evidence of

new and better ways to teach the mentally retarded, new and better ways to train them for productive work, new and better ways to deal with their physical deficiencies which we once accepted as the inevitable by-product of their mental deficiency.

This is indeed an exciting time to work in our field, and to travel from country to country as I am privileged to do, because accomplishments one can see and observe in one place, one can hear brushed aside two days later in another place as an impossible expectation based on irrational optimism.

But rather than to entertain you with such anecdotes, I would like to consider with you in a more systematic way this new dynamic orientation towards mental retardation.

To gain a full view of mental retardation, we must consider it from at least three aspects, those pertaining to a) individual b) social, and c) cultural factors.

#### Individual Factors

An individual is a complex personality with many skills and weaknesses which vary from person to person, and this we learn increasingly, also applies to the mentally retarded. Those of you who work day-to-day closely with a group of mentally retarded children or adults, in an institution, in a school class, in a kindergarten or workshop, know what striking differences exist among them even though they supposedly have been assigned to you as a group because they are of similar intelligence level. Some have an excellent mechanical memory, others are very adept at copying forms, others have a "natural" musical talent or a particular physical agility. Three youngsters of the same age may have had the identical I.Q. when they were assigned to your group, yet as time goes on you discover not only that they were quite different when they came to you but they are developing at completely different rates, one making fast and steady progress in most of the essentials of living, the second is very irregular, responding well in some areas and progressing hardly at all in others, while the third one advances so slowly that he is falling farther and farther behind the other two.

This last point is of significance. An individual does not remain static in life, he either progresses or he falls behind as time passes. We shall see shortly the significance this has for our work.

#### Social Factors

Whether an individual is retarded or not depends a great deal on what is demanded of him. What is demanded of him depends in turn a great deal on whether he is considered retarded or not. Very frequently this is related to factors outside his person. This may sound to you at first like useless talk, but it is rather a very important and realistic consideration which we also find with regard to other human problems, such as delinquency, for instance. Certain behavior may be considered delinquent in Jutland, but is accepted in Copenhagen, and vice versa. Behavior that may be acceptable and indeed commendable in war time will be considered delinquent in peace time. Similarly, a person may be considered an alcoholic in one community and in another part of the country his drinking is considered quite normal behavior. Social factors we have to consider here in this connection have to do with the mores, the at-

titudes of what we call the community. Of two retarded young men, equal in intelligence, one without a job and the other working, we might well find that the community rates the first one as retarded, but not the other one who works and earns some money. This obviously is a social factor which in turn partly depends on an economic factor, namely the availability of employment. Therefore, should someone decide that the first man has to be sent to an institution, we must be aware that the primary reason for his being at the institution is that he is out of work. To what extent this is due to the moving away of a factory, or on the other hand is due to a specific inability, such as not being able to tell time (read a clock), or to personality problems, is something we certainly must know before we can plan a program of rehabilitation for this man.

Another example comes from the school area; what kind of schools a community has, whether a flexible, so called progressive school, or a rigid traditional school, depends obviously on social factors in the community. This has very interesting effects in terms of mental retardation, because the rigid, traditional school system which makes exacting demands right from the child's first day in school, will quickly be ready to "weed out", as mentally retarded, children who are unable to compete. A flexible and progressive system on the other hand, which fosters a relaxed atmosphere in the first and maybe also in the second grade, allowing children to get used to the demands of school, will not have as many children to reject as mentally retarded because enough time was provided for the child to learn to perform at his own rate. A parallel situation refers to older children who are considered total failures in special class & are removed, and yet perform well when placed in a workshop.

Let me state one other evidence of the significance of the social factor. As I travel about, I often inquire why a certain youngster is in an institution, and all too often learn that the real reason why this particular child is in the institution is not because he caused trouble in the community, but because his father and his mother got a divorce, and it was that "social" factor rather than his own inadequacy which got him confined to an institution.

#### Cultural Factors

Cultural factors obviously also play a role in determining whether a person comes to be considered retarded or not. Perhaps the most frequent way for detecting mentally retarded individuals is through their failure in school achievement. However, what constitutes a desirable level of achievement differs distinctly between cultures and between different stages of cultural development. Lack of school achievement in an industrial society may be looked upon as an indication of mental retardation, but this would not be the case in a more primitive rural society. The striking difference in the culture of gypsies as compared with the culture of the Danish people undoubtedly accounts for the presence of some of these individuals in your institutions. If Denmark will follow the example of other European countries with the wholesale importation of foreign laborers coming from a totally different cultural environment, it certainly will increase the incidence of mental retardation due to exactly such cultural factors, specifically the cultural isolation in which families of such "imported" workers usually are working.

Undoubtedly, one could point to other cultural factors in Denmark which would be of importance here, although you are, of course, a country which does not know the kind of gross differences within population groups as one finds

in the USA or in Yugoslavia or Mexico.

### The Tyranny of the I.Q.

A great many of the "facts" which many people still associate with mental retardation are a result of a negative approach, an emphasis on what these individuals can not do. Dr. Terman, the psychologist I have mentioned before, put forth the thesis that "all who test below 70 I.Q. by the Stanford Revision of the Bruet-Simon scale, should be considered feeble-minded". And that meant in those days, that they were potential candidates for institutionalization.

I can well remember the days when in New York State the I.Q. of 70 was an absolute unchangeable dividing line, established by law, for the admission to institutions for the retarded. If a child had an I.Q. of 72, he could not be admitted, no matter how much this appeared to be the best solution for him - nothing mattered but the I.Q. itself.

As a reaction against this past "tyranny of the I.Q." many people nowadays have assumed a very extreme opposition to all psychometric testing. But it is important that we do not allow this misuse of the I.Q. in past years to bring about a rejection of intelligence tests as useless or even harmful. They can, indeed, be used in a harmful way, just as a good medication can be harmful if wrongly prescribed by an unskilled person. An intelligence test is merely a part of a general assessment which a psychologist must make, an assessment, by the way, in which his own skilled observation should play an important role. An I.Q., in turn, is merely one aspect of the intelligence test. Thus, when we label people with an I.Q., we label them with the partial result of a test which itself is only part of a valid assessment, and it is that practice which can be quite harmful.

But this does not tell us the full story either: It was part and parcel of the old static view of mental retardation that the I.Q. was thought to be fixed and unchanging, so that one planned, for instance in institutions for "the under 50 I.Q. as if this was their permanent status, psychologically speaking. In contrast, the new dynamic view of mental retardation is predicated on the recognition that a person's intellectual functioning, expressed through his score on an intelligence test, i.e. through the I.Q., is subject to considerable changes and these changes are likely to be more pronounced upward or downward, if we are dealing with a physically and mentally disabled person.

### Purposeful Testing

The concept of the changing individual performance points up the necessity for assessment and reassessment with a much more careful analysis of an individual's skills and weaknesses and in particular an evaluation of the effectiveness of the education, training, and treatment which has been initiated as the result of previous findings. In other words, testing of an individual should be purposeful, should tell us something about the program of treatment, education, and training we should put in operation for the particular individual. And retesting should provide us not just with a general appraisal of the individual, but with specific indications in what ways our program has been effective or ineffective.

In this regard, the usual intelligence test is no longer sufficiently useful and I am glad to see that some psychologists in Denmark have begun to

use different types of tests such as the Illinois Test of Psycholinguistic Abilities, or ITPA. This test was developed by Dr. Samuel Kirk and his colleagues in order to identify specific disabilities of the individual which require remedial work. In other words, it is a test where the individual diagnosis gives clues for specific educational or therapeutic procedures. Because most of the mentally retarded have communication problems, that is, have difficulties in understanding spoken language, in expressing their thoughts, in perceiving visual images (pictures), etc., etc., the test is designed to detect the nature and degree of these communications problems in such a way that a remedial program can then be developed. A subsequent re-test measures the specific progress made. As you will readily see, the remedial work planned on the basis of this test would not be confined to the class-room or the psychological laboratory, but the parents at home or the care personnel on the ward could be instructed to help the child to overcome these disabilities. Obviously, other tests will be developed in due time which will provide us with other clues. I am presenting ITPA here as a particular example of how this new dynamic concept of mental retardation can and will be applied in the reality of the day to day work.

Another serious problem that developed in the past, but still plagues us today, as some of you no doubt will recognize, is the confusion between diagnosis and prognosis. Where a child was admitted to an institution and the certificate which accompanied him stated this was a "crib" case, he was placed in a building set aside for such cases with a program that was "sterile" not only in its physical aspects but, more importantly, psychologically completely lacking in stimulation. Naturally, these children remained crib cases since nobody bothered to help them start moving about.

#### Diagnosis, Prognosis and Prejudgement

The same kind of prejudgement has led for many years to a most unfortunate neglect of training and rehabilitation of the children afflicted with Down's Syndrome (mongolism). At the time I was at the institution Letchworth Village in New York, such children were considered ineducable and were automatically excluded from the school classes at the institution and limited to a program of the simplest kindergarten activities. As a result, they continued to function at the immature stage of development. (I might say here that recently when I revisited the institution, I found that now most of the children in the institution school were children with Down's Syndrome. They obviously varied greatly in their school achievement, but they definitely were learning, and many demonstrated that they could indeed have gotten along in a special school or class in their home community).

#### Our Concept Will Affect the Development of Children

Thus, the way in which we approach and treat the individual considered to be mentally retarded will have a definite effect on his development. If our concept of mental retardation is static, if we think that these individuals cannot be helped to grow and develop, and we merely "care" for them without any effort at training, then the results quite likely will seem to justify our viewpoint. However, if we expect a great deal more of them, and consequently provide the training, the opportunities, and the encouragement by which our expectations can be realized then there is a good possibility that these individuals will function at a much higher level than had ever been anticipated in the past. In short, the concept that we have about mental retardation will affect the way in which we approach the individuals who are so classed. This, in turn, will

affect the way in which the individuals who come under our care will develop.

There is another remnant of the past of which we should be aware, because it still tends to show up in our programs for the retarded, and that is the old concept that the mentally retarded constitute a public nuisance and should be segregated and confined. Obviously, nobody would want to make such a statement, today, and yet is it not still a rather common practice in institutions, that when we have an individual who misbehaves, we change him to a group that is of a lower intellectual level? In other words, if we would take an honest look at our reason for doing so, we consider placement with an intellectually lower group as punishment. This certainly has been in many countries the practice in schools also. And not only that - until just a few years ago (and here I might say, until the associations of parents of retarded children gained importance) the poorest school buildings were set aside for the retarded.

Obviously, persons of different levels of intellectual capacity need different types of programs. But, as I visit institutions in many countries, I have reason to wonder whether the striking differences one finds in some of these institutions between the higher grade wards and the lower grade wards are not more influenced by old prejudices against the severely retarded than by the modern dynamic rehabilitation principles in which we all believe.

Some of you may object very strongly to these last remarks, feeling that they are unjust. However, I think we need to realize at this point that prejudice, such as the prejudice against the severely retarded which has been so long in existence is not easily overcome.

Social psychologists have devoted a lot of study in recent years to the problem of prejudice and to possible ways of getting people to overcome their prejudices. We have the prejudice against the Negroes in the United States, there is still the prejudice against Jewish persons, and the deep prejudices in the Belgian nation between the Flemish people and the Walloons. Therefore, we simply cannot expect that the attitudes which were built on the static concept of mental retardation can easily be changed. When one has been accustomed to think of some of our most severely retarded children as "hopeless vegetables" (an expression I have heard used even in Denmark) it is difficult to think now of such children as human beings who can respond, no matter how limited and slowly, to the guiding influence of other human beings.

#### The Misunderstood Concept of Mental Age

This is an appropriate point to bring up one other remnant from the static period of mental retardation, an unfortunate misunderstanding of a psychological concept, namely that of mental age. As you all know, intelligence tests are built on a succession of sub-tests, corresponding to the performance which can be statistically expected from the average child aged 2,3,4 years and so on. It is therefore entirely justified to say that a certain 20 year old individual scored on a certain part of an intelligence test not higher than would be expected of a 3 year old child.

It is much more open to question when we combine this 20 year old person's ratings on various test items and say that he scored on these tests as would be expected of a child of 3 1/2 years of age because what actually happened is that on some he scored as low as a 2 year old, maybe on another as high as a 6 year old.

Experience certainly has proven that most people are being misled by hearing that a person has a mental age of 3 1/2, because they do not keep in mind that

this is essentially a mathematical formula, the result of a mathematical averaging of a large number of test items. But from this misconception they move on to a yet far more insidious misconception, namely that this man, 20 years old, is like a child 3 1/2 years of age, and therefore should be treated like such a child. This is, of course, absolute and disasterous nonsense, because there are no 3 1/2 year old children who are one meter seventy tall and weigh 90 kilos, have had 20 years of some kind of social life experience, have adult sexual organs, and have the strength to push another adult hard enough to hurt him, or to stand for several hours lifting heavy logs on to a lorry. Mentally retarded persons are not "eternal children", and this sentimental way of referring to them as such, is an insult to their dignity as human beings.

To be sure, with our past practices, we have conditioned many mentally retarded adults to behave like children, by giving them activities appropriate for a kindergarten, by encouraging them to play with dolls, by not holding them up to standards of self care, but instead keeping them in dependence on others. It is, of course, true that one manifestation of mental retardation is that these individuals mature at a much slower and more irregular pace than non-retarded persons, but the obvious response must be that we need to do everything to help and further their growing up.

Perhaps the best way to describe the new dynamic approach to mental retardation is to say that it is an affirmation of the general principles of human development and human dignity which must not be denied to any human being, whatever the degree of his physical or mental limitation. No where else should this new approach to mental retardation find more ready acceptance than in the Scandinavian countries with their long history of leadership in the field of human welfare, a leadership which in your country is particularly well demonstrated by the quality of your care for the mentally retarded.